

Safety Inventory

Name: _____

This information is used to assist with safety planning.

Monitoring/Control

Yes No

- Does your partner try to control your daily activities?
- Does your partner go through your personal belongings?
- Is your partner controlling or violent outside the home?
- Does your partner listen in or to your phone calls or tapped the phones?
- Does your partner read and/or track your mail?
- Does your partner monitor your email or internet use?
- Does your partner ask you to check in constantly regarding your activities/whereabouts?
- Does your partner ask your children to report on your activities and/or whereabouts?
- Has your partner ever appeared unexpectedly someplace where you were?
- Does your partner watching/follow/stalk you?
- Does your partner have another person watching you?
 - Friend
 - Family Member
 - Paid stranger or Professional Detective

Threats/Control

Yes No

- Has the abuse been escalating/getting worse?
- Does your partner try to intimidate you?
- Does your partner tell/threaten you that he/she will never let you go?
- Does your partner have access to a weapon?
List the weapons you think your partner has or has access to: _____
Where are the weapons currently located? _____
- Do you have access to a gun/weapon?
- Has your partner threatened you with a weapon?
- Has your partner ever threatened to take the children?
- Has your partner ever taken your children without your permission?
- Has your partner prevented you from taking the children with you when you have attempted to flee?
- Has your partner threatened to kill/harm you?
- Has your partner ever driven recklessly or caused an accident with you in the car?
- Has your partner ever threatened or harmed a pet?
- Do you believe your partner is capable of killing you?
- Do you feel this won't end until one of you is dead?

